

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/510,966	
	Filing Date	February 21, 2000	
	First Named Inventor	Rohit V. GAIKWAD et al.	
	Group Art Unit	UNKNOWN	
	Examiner Name	UNKNOWN	
Total Number of Pages in This Submission	5	Attorney Docket Number	1789-01910

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Small Entity Statement <input checked="" type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Acknowledgment postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Daniel J. Krueger Conley, Rose & Tayon, P.C., PO Box 3267, Houston, TX 77253-3267	Regist. No. 42,771 Tel. 713-238-8000
Signature		
Date	April 19, 2000	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: April 19, 2000			
Typed or printed name	Colleen F. Brown	bf :Z Hd 97 Hdv m7	
Signature		Date	April 19, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

K:\R\1789\01910\PTO TRANS 01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Rohit V. GAIKWAD and Richard G. BARANIUK

Serial No.: 09/510,966 Group No.: UNKNOWN
Filed: February 21, 2000 Examiner: UNKNOWN
For: Signaling Techniques In Channels With Asymmetric Powers And Capacities

NOTE: Insert name(s) of inventor(s) and title also for patent. Where the refund request is with respect to a maintenance fee payment, also insert application number and filing date, and add Box M. Fee to address.

Assistant Commissioner for Patents

Washington, D.C. 20231

ATTENTION: Refund Section, Accounting Division, Office of Finance

REQUEST FOR REFUND

(37 C.F.R. 1.28(a))

I. SUBMISSION OF VERIFIED STATEMENT

(complete (a) or (b))

- (a) ☒ Attached is a verified statement claiming small entity status in this application.
(b) ☐ A verified statement claiming small entity status was filed in this application on ____.

II. REFUND REQUEST

This request for refund is made within two months of the date a fee was paid in this application on February 21, 2000 in the amount of \$690.00.

NOTE: The two-month period (§ 1.28(a)) is not included in the provisions for extension under 37 C.F.R. 1.136 because it is not a period for response. Notice of November 30, 1983, 49 FR 548, January 4, 1984.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

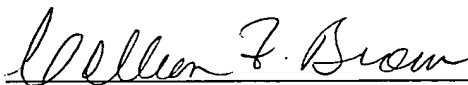
MAILING

FACSIMILE

☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

☐ transmitted by facsimile to the Patent and Trademark Office.

Date: April 19, 2000


Signature

Colleen F. Brown
(type or print name of person certifying)

III. FEES PAID FOR WHICH REFUND REQUESTED

☒ Filing Fee \$ 345.00

☐ Surcharge for filing the basic filing fee on a date later than the filing date of the application (37 CFR 1.16(e) or 37 CFR 1.16(1)). \$ _____

and/or

☐ Surcharge for filing the oath or declaration on a date later than the filing date of the application (37 CFR 1.16(e)) \$ _____

☐ Extension of term \$ _____

☐ Issue Fee \$ _____

☐ Patent Maintenance Fee

☐ first maintenance fee \$ _____

☐ second maintenance fee \$ _____

☐ third maintenance fee \$ _____

☐ Patent maintenance fee surcharge. \$ _____

NOTE: The refund provisions of § 1.28(a), for later submitted small entity statements, apply to maintenance fees. Notice of July 30, 1984, 1046 O.G. 28-37.

☐ Other \$ _____

TOTAL REFUND REQUESTED \$ 345.00

III. MANNER OF REFUND

Please make refund by

☒ crediting Account No. 03-2769



SIGNATURE OF AGENT

Daniel J. Krueger

Reg. No. 42,771

CONLEY, ROSE & TAYON, P.C.

P.O. Box 3267

Houston, Texas 77253-3267

Phone: (713) 238-8000

Fax: (713) 238-8008